

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09781173 FILING DATE 02/12/01
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	12	↓	↓	↓		
TOTAL CLAIMS	14	████████	████████	████████	████████	████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.			↓	↓	↓	
TOTAL CLAIMS			████████	████████	████████	████████